



Delaware Department of Agriculture

Pesticides Section
2320 S. DuPont Hwy.
Dover, DE 19901

Telephone (302) 698-4500
DE Only (800) 282-8685
Fax No. (302) 697-4483

FOR OFFICE USE ONLY

Business License # _____
Certified App. # _____
Ins. Expiration _____
Service Employee(s) Y / N
Category(ies) _____
Approval _____

PESTICIDE BUSINESS LICENSE RENEWAL, FORM A

Your current Pesticide License expires December 31, 2009. Please complete items 1 – 5. Return the signed application along with the fee payment to the above address.

1. Circle the Applicator Category

- | | | |
|-----------------------------|---------------------------------|---|
| 1A Agricultural Plant | 5A Aquatic | 7D Wood Preservatives |
| 1B Agricultural Animal | 5B Antifouling Paint | 7E Institutional and Maintenance Pest Ctrl. |
| 1C Fumigation of Soil & Ag. | 5C Mosquito | 7F Cooling Tower Pest Control |
| 02 Forest | 06 Right-of-Way | 7G Miscellaneous Pest Control |
| 03 Ornamental & Turf | 7A General Pest Control | 08 Public Health |
| 04 Seed Treatment | 7B Wood Destroying Pest Control | 09 Regulatory |
| | 7C Fumigation Pest Control | 10 Demonstration & Research |

2. Business Name & Mailing Address:

Owner/Manager's Name

Company Name

Address

City, State and Zip Code

Phone Number

E-mail Address (optional)

3. Physical address of business if different from mailing address:

4. Signatures

Print Manager's Name

Manager's Signature

Date

5. Fee – Check or Money order

\$50 for one year license / \$100 for two year license

Make Check or Money Order

Payable to:

Delaware Department of Agriculture

Fee – Credit Card

(Please check one or two years)

☐ \$50 for **one** year license ☐ \$100 for **two** year license

☐ Visa

☐ MasterCard

☐ Discover

Billing Name: _____

Credit Card Billing

Address: _____

City/State/Zip: _____

Credit Card Number: _____

*CVC#

Expiration Date

____ / ____ / ____

Authorization
